

KENTUCKY BOARD OF BARBERING  
9114 LEESGATE RD., SUITE 6  
LOUISVILLE, KY 40222-5055  
(502) 429-7148

APPLICATION TO LICENSE A NEW BARBER SHOP

PLANNED OPENING DATE \_\_\_\_\_

NAME OF SHOP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

ZIP CODE \_\_\_\_\_ TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

**201 KAR 14:070, Section 2. This barber shop license is not transferrable from one location to another or one person to another. A new license must be purchased.**

APPLICANT'S AFFIDAVIT

I do hereby certify under a penalty of law that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license could be revoked. I also agree to obey the Statutes and Regulations governing barbering in the State of Kentucky.

1. \_\_\_\_\_  
Owner's Name (Printed)

Owner's Signature \_\_\_\_\_

Is the owner a licensed Barber? Yes \_\_\_\_\_ No \_\_\_\_\_

2. \_\_\_\_\_  
Manager's Name (Printed)

Manager's Signature \_\_\_\_\_

**BARBER Lic. #** \_\_\_\_\_

**IF THIS HAS PREVIOUSLY BEEN A BARBER SHOP, THE NAME OF IT WAS:**

\*\*\*\*\*

BEFORE ME PERSONALLY APPEARED

\_\_\_\_\_  
whose signature(s) is/are affixed to this application, and made oath and says that all of the foregoing statements are true and correct.

SWORN AND SUBSCRIBED TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

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**A LICENSE FEE OF \$50.00, IN THE FORM OF A CERTIFIED CHECK OR MONEY ORDER AND MADE PAYABLE TO THE KY. STATE TREASURER MUST BE INCLUDED WITH THIS APPLICATION.**

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The above property has been inspected by me and found to be in compliance with State, County, and Local health and plumbing codes.

Date \_\_\_\_\_

Signature \_\_\_\_\_

STATE PLUMBING INSPECTOR